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**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
 (Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I, Stanley KATZ SHAPIRO  
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Stanley K. SHAPIRO  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Commissioner Miami Beach N/A  
(office) (district) (circuit)

III  
(group)

I am a qualified elector of Miami-Dade County, Florida.

I am a qualified elector of the City of Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

**SIGN  
HERE**



Stanley K. Shapiro  
Signature of Candidate

257 West Avenue, Apt 912 (305) 531-2557 (305) 534 970  
Mailing Address Day Phone Fax Number

Miami Beach, Fla 33139 9/3/2001  
City State Zip Code Date Signed

STATEMENT OF  
FINANCIAL INTERESTS

2000

LAST NAME -- FIRST NAME -- MIDDLE NAME: <u>Shapiro Stanley K</u>		NAME OF REPORTING PERSON'S AGENCY: <u>City of Miami Beach</u>
MAILING ADDRESS: <u>757 West Avenue #912</u>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
<u>Miami Beach - Fla 33139</u>		<input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY:	ZIP:	COUNTY:
		LIST OFFICE OR POSITION HELD OR SOUGHT: <u>Commissioner</u> <u>Group III</u>

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☐ DECEMBER 31, 2000    ☒ OR    ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)    ☒ OR    ☐ DOLLAR VALUE THRESHOLDS (new method)

## PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person)

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>Social Security</u>		

## PART B -- SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person)

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>

## PART C -- REAL PROPERTY (Land, buildings owned by the reporting person)

<u>None</u>

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

*None***PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

*None***PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITYADDRESS OF  
BUSINESS ENTITYPRINCIPAL BUSINESS  
ACTIVITYPOSITION HELD  
WITH ENTITYI OWN MORE THAN A 5%  
INTEREST IN THE BUSINESSNATURE OF MY  
OWNERSHIP INTEREST*None*IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

*Stanley K Shapiro*

DATE SIGNED:

*Sept 3-01***FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**NOTE: MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers** file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.